

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-019480

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 221

FILED JUN 3 1963

VS 300
Rev. 4/59

1 0369

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DATE AMENDED

INSTEAD OF

SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Cole	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City		c. CITY OR TOWN Jefferson City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home		d. STREET ADDRESS (If outside, give location) 1302 East Atchison	
3. NAME OF DECEASED (Type or print) First Middle Last Alice Eugenia Holmes Clardy		4. DATE OF DEATH Month Day Year May 28 1963	
5. SEX female	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7/22/98
9. AGE (last birthday) 64		10. BIRTHPLACE (City and state or country) Centralia, Mo.	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME James L. Smith		13b. MOTHER'S MAIDEN NAME Isadore Gay	
14. NAME OF HUSBAND OR WIFE Harvey Dee Clardy		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war, or dates, or no) no	
16. SOCIAL SECURITY NO.		17. INFORMANT Address Mrs. Don Freeman, Jefferson City, Mo.	
18. CAUSE OF DEATH (Enter only one cause, or PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Myocardial Infarction Arteriosclerotic Heart Disease Conditions, if any, which gave rise to above cause (b), stating the underlying cause last. DUE TO (b): DUE TO (c): PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. (a) PART III: If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour s.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from Jan 3 1962 to May 20 - 63 and last saw her alive on May 20 - 63 Death occurred at 5:15 A in on this date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) A. Cassman M.D.	
22b. ADDRESS Jefferson City Mo		22c. DATE SIGNED 5-29-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5/30/63	23c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery	
23d. LOCATION (City, town, or county) Jefferson City, Missouri		23e. DATE RECD. BY LOCAL REG. May 31, 1963	
24. FUNERAL DIRECTOR Freeman Mortuary, Jefferson City, Mo.		25. REGISTRAR'S SIGNATURE R.P. Davis, Eula B. Hedrick	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

JUN 4 1963

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Donald R. Freeman

Licensed Embalmer No. 4623

P. O. Address James

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.